

# AUTO CR - LOG SUMMARY #1054685

TYPE: INFO

## Incident Finding / Overall Case Finding

| Description of Incident   | Finding        | Entered By | Entered Date |
|---|----------------|------------|--------------|
| It is reported that during an excution of a search warrant [REDACTED] two pitbulls attempted to attack the involved members. It is further reported that the involved members discharged their weapons destroying the dogs. | (None Entered) |            |              |

## Reporting Party Information

| Role         | Name                        | Star No.              | Emp No.    | UOA / UOD | Position             | Sex | Race | Address | Phone |
|--------------|-----------------------------|-----------------------|------------|-----------|----------------------|-----|------|---------|-------|
| CPD Employee | Reporting Party Third Party | STOPPA, KENNETH A 339 | [REDACTED] | 011 /     | LIEUTENANT OF POLICE | M   | WHI  |         |       |

## Incident Information

| Incident From Date/Time               | Address of Incident | Beat | Dist. Of Occurrence | Location Code   | Location Description |
|---------------------------------------|---------------------|------|---------------------|-----------------|----------------------|
| 11-JUN-2012 10:43 - 11-JUN-2012 10:43 | [REDACTED]          | 1134 | 011                 | 090 - APARTMENT |                      |

## Accused Members

| Role | Name | Star No. | Emp No. | UOA / UOD | Position | Status | Initial / Intake Allegation |
|------|------|----------|---------|-----------|----------|--------|-----------------------------|
|      |      |          |         |           |          |        |                             |

## Other Involved Parties

| Role         | Name            | Star No.       | Emp No. | UOA / UOD  | Position       | Sex | Race | Address | Phone |
|--------------|-----------------|----------------|---------|------------|----------------|-----|------|---------|-------|
| CPD Employee | Involved Member | DALY, EDMUND H | 7991    | [REDACTED] | POLICE OFFICER | M   | S    |         |       |
| CPD Employee | Involved Member | MC CRAY, DAVID | 18508   | [REDACTED] | POLICE OFFICER | M   | BLK  |         |       |

## Involved Party Associations

| Role | Rep. Party Name | Related Person | Relationship |
|------|-----------------|----------------|--------------|
|      |                 |                |              |

## Incident Details

|                                |      |                              |     |
|--------------------------------|------|------------------------------|-----|
| CR Required?                   |      | Manner Incident Received?    | PAX |
| Confidential?                  |      | Biased Language?             | N   |
| Extraordinary Occurrence?      | N    | Bias Based Profiling?        | N   |
| Police Shooting (U)?           | N    | Alcohol Related?             | N   |
| Non Disciplinary Intervention: | N    | Pursuit Related?             | N   |
| Initial Assignment:            | IPRA | Violence in Workplace?       | N   |
| Notify IAD Immediately?        | N    | Domestic Violence?           | N   |
| EEO Complaint No.:             |      | Civil Suit Settled Date:     |     |
| Civil Suit No.:                |      | Notify Chief?                |     |
| Notify Chief Administrator?    | N    | Notification Does Not Apply? | Y   |
| Notify Coordinator?            |      |                              |     |
| Notification Other?            | N    |                              |     |
| Notification Comments:         |      |                              |     |

## Incident Category List

| Incident Category  | Primary? | Initial? |
|--|----------|----------|
| 20B - GROUP 20 - NOTIFICATIONS SHOTS FIRED - DESTRUCTION OF ANIMAL | Y        | Y        |

## Investigator History

## Investigator History

| Investigator | Type | Assigned Team | Assigned Date | Scheduled End Date | Investigation End Date | No. of Days |
|--------------|------|---------------|---------------|--------------------|------------------------|-------------|
|--------------|------|---------------|---------------|--------------------|------------------------|-------------|

## Extension History

| Name | Previous Scheduled End Date | Extended Scheduled End Date | Date Certified Letter Sent | Reason Selected | Explanation | Extension Report Date | Approved By | Approved Date | Approval Comments |
|------|-----------------------------|-----------------------------|----------------------------|-----------------|-------------|-----------------------|-------------|---------------|-------------------|
|------|-----------------------------|-----------------------------|----------------------------|-----------------|-------------|-----------------------|-------------|---------------|-------------------|

## Current Allegations

| Accused Name | Seq. No. | Allegation | Category | Subcategory | Finding |
|--------------|----------|------------|----------|-------------|---------|
|--------------|----------|------------|----------|-------------|---------|

## Situations (Allegation Details)

| Accused Name | Alleg. No. | Situation | Victim/Offender Armed? | Weapon Types | Weapon Other | Weapon Recovered? | Deceased? |
|--------------|------------|-----------|------------------------|--------------|--------------|-------------------|-----------|
|--------------|------------|-----------|------------------------|--------------|--------------|-------------------|-----------|

## Status History

| Resulting Status          | Status Date/Time  | Created By       | Position                   | UOA / UOD | Comments  |
|---------------------------|-------------------|------------------|----------------------------|-----------|---|
| ADMINISTRATIVELY CLOSED   | 03-DEC-2012 04:56 | WEEDEN, WILLIAM  | DEPUTY CHIEF ADMINISTRATOR | 113 /     |   |
| CLOSED AT C.O.P.A.        | 03-DEC-2012 04:56 | WEEDEN, WILLIAM  | DEPUTY CHIEF ADMINISTRATOR | 113 /     |   |
| PENDING ASSIGN TEAM       | 10-JUL-2012 03:56 | ROBERTS, GEORGE  | SUPERVISING INVESTIGATOR   | 113 /     |   |
| PENDING SUPERVISOR REVIEW | 10-JUL-2012 08:02 | TOUSANT, LISA    | INTAKE AIDE                | 113 /     |   |
| PRELIMINARY               | 12-JUN-2012 08:41 | TOPPINS, YOLANDA | INTAKE AIDE                | 113 /     |   |
| PRELIMINARY               | 12-JUN-2012 08:41 | TOPPINS, YOLANDA | INTAKE AIDE                | 113 /     |   |
| PRELIMINARY               | 12-JUN-2012 08:40 | TOPPINS, YOLANDA | INTAKE AIDE                | 113 /     |   |
| PRELIMINARY               | 12-JUN-2012 12:59 | KOCHAN, MARK     | POLICE OFFICER             | 116 /     | initiated by:<br>Name STOPPA, KENNETH<br>Star No. 339<br>Emp N [REDACTED]<br>Assigned Unit No. 011<br>Position LIEUTENANT OF POLICE |

## Attachments

| No. | Type                        | Related Person | No. of Pages | Narrative                   | Original in File | Entered By       | Entered Date/Time | Status   | Approve Content | Approve Inclusion |
|-----|-----------------------------|----------------|--------------|-----------------------------|------------------|------------------|-------------------|----------|-----------------|-------------------|
| 1   | FACE SHEET                  |                |              |                             | KOCHAN, MARK     |                  | 12-JUN-2012 12:59 |          |                 |                   |
|     | DOCUMENTS - INTAKE INCIDENT |                | 2            | PO David McCray Star# 18508 | N                | TOPPINS, YOLANDA | 12-JUN-2012 08:36 | APPROVED |                 |                   |
|     | DOCUMENTS - INTAKE INCIDENT |                | 30           |                             | N                | TOUSANT, LISA    | 10-JUL-2012 08:01 | APPROVED |                 |                   |
|     | DOCUMENTS - INTAKE INCIDENT |                | 2            | PO Edmund Daly Star# 18508  | N                | TOPPINS, YOLANDA | 12-JUN-2012 08:35 | APPROVED |                 |                   |
|     | DOCUMENTS - INTAKE INCIDENT |                | 2            | Part 2of 2                  | N                | TOUSANT, LISA    | 10-JUL-2012 07:52 | DELETED  |                 |                   |

## Review Incident

| Review Type | Accused/Involved Member Name | Result Type | Reviewed By | Position | Unit | Review Date | Remarks |
|-------------|------------------------------|-------------|-------------|----------|------|-------------|---------|
|-------------|------------------------------|-------------|-------------|----------|------|-------------|---------|

## Review Accused

| Review Type | Accused/Involved Member Name | Result Type | Reviewed By | Position | Unit | Review Date | Remarks |
|-------------|------------------------------|-------------|-------------|----------|------|-------------|---------|
|-------------|------------------------------|-------------|-------------|----------|------|-------------|---------|

## Review Accused

### Accused Finding History

| Accused | Allegation | Reviewed By | Reviewed Date/Time | CCR? | Concur? | Finding | Finding Comments |
|---------|------------|-------------|--------------------|------|---------|---------|------------------|
|---------|------------|-------------|--------------------|------|---------|---------|------------------|

### Accused Penalty History

| Accused | Reviewed By | Reviewed Date/Time | CCR? | Concur? | Penalty | Penalty Comments |
|---------|-------------|--------------------|------|---------|---------|------------------|
|---------|-------------|--------------------|------|---------|---------|------------------|

### Findings

| Accused Name | Allegations | Category | Concur? | Findings | Comments |
|--------------|-------------|----------|---------|----------|----------|
|--------------|-------------|----------|---------|----------|----------|

# FACE SHEET (Notification Date: 12-JUN-2012) - LOG #1054685

TYPE: INFO

## Reporting Party Information

|              | Role                        | Name              | Star No. | Emp No.    | UOA / UOD | Position             | Sex | Race | Address | Phone |
|--------------|-----------------------------|-------------------|----------|------------|-----------|----------------------|-----|------|---------|-------|
| CPD Employee | Reporting Party Third Party | STOPPA, KENNETH A | 339      | [REDACTED] | 011 /     | LIEUTENANT OF POLICE | M   | WHI  |         |       |

## Incident Information

| Incident From Date/Time               | Address of Incident | Beat | Dist. Of Occurrence | Location Code   | Location Description |
|---------------------------------------|---------------------|------|---------------------|-----------------|----------------------|
| 11-JUN-2012 10:43 - 11-JUN-2012 10:43 | [REDACTED], IL      | 1134 | 011                 | 090 - APARTMENT |                      |

## Accused Members

| Role | Name | Star No. | Emp No. | UOA / UOD | Position | Status | Initial / Intake Allegation |
|------|------|----------|---------|-----------|----------|--------|-----------------------------|
|      |      |          |         |           |          |        |                             |

## Incident Details

|                                |      |                              |     |
|--------------------------------|------|------------------------------|-----|
| CR Required?                   |      | Manner Incident Received?    | PAX |
| Confidential?                  |      | Biased Language?             | N   |
| Extraordinary Occurrence?      | N    | Bias Based Profiling?        | N   |
| Police Shooting (U)?           | N    |                              |     |
| Motor Vehicle (V)?             |      | Alcohol Related?             | N   |
| Non Disciplinary Intervention: | N    | Pursuit Related?             | N   |
| Initial Assignment:            | IPRA | Violence in Workplace?       | N   |
| Notify IAD Immediately?        | N    | Domestic Violence?           | N   |
| EEO Complaint No.:             |      |                              |     |
| Civil Suit No.:                |      | Notify Chief?                |     |
| Notify Chief Administator?     | N    | Notification Does Not Apply? | Y   |
| Notify Coordinator?            |      |                              |     |
| Notification Other?            | N    |                              |     |

## Initial Incident Category List

| Initial Incident Category  | Primary? |
|--|----------|
| 20B - GROUP 20 - NOTIFICATIONS SHOTS FIRED - DESTRUCTION OF ANIMAL | Y        |

## Assignment History

| Assigned To | Assigned Team                            | Investigator | Assignment Date/Time | Assigned By  | Reason |
|-------------|--|--------------|----------------------|--------------|--------|
| IPRA        | CIVILIAN OFFICE OF POLICE ACCOUNTABILITY | -            | 12-JUN-2012 00:59    | KOCHAN, MARK |        |

## Status History

| Resulting Status          | Status Date/Time  | Created By       | Position                   | UOA / UOD | Comments |
|---------------------------|-------------------|------------------|----------------------------|-----------|----------|
| ADMINISTRATIVELY CLOSED   | 03-DEC-2012 04:56 | WEEDEN, WILLIAM  | DEPUTY CHIEF ADMINISTRATOR | 113 /     |          |
| CLOSED AT C.O.P.A.        | 03-DEC-2012 04:56 | WEEDEN, WILLIAM  | DEPUTY CHIEF ADMINISTRATOR | 113 /     |          |
| PENDING ASSIGN TEAM       | 10-JUL-2012 03:56 | ROBERTS, GEORGE  | SUPERVISING INVESTIGATOR   | 113 /     |          |
| PENDING SUPERVISOR REVIEW | 10-JUL-2012 08:02 | TOUSANT, LISA    | INTAKE AIDE                | 113 /     |          |
| PRELIMINARY               | 12-JUN-2012 08:41 | TOPPINS, YOLANDA | INTAKE AIDE                | 113 /     |          |
| PRELIMINARY               | 12-JUN-2012 08:41 | TOPPINS, YOLANDA | INTAKE AIDE                | 113 /     |          |
| PRELIMINARY               | 12-JUN-2012 08:40 | TOPPINS, YOLANDA | INTAKE AIDE                | 113 /     |          |

## Status History

| Resulting Status | Status Date/Time     | Created By   | Position       | UOA / UOD | Comments  |
|------------------|----------------------|--------------|----------------|-----------|---|
| PRELIMINARY      | 12-JUN-2012<br>12:59 | KOCHAN, MARK | POLICE OFFICER | 116 /     | initiated by:<br>Name STOPPA, KENNETH<br>Star No. 339<br>Emp No. [REDACTED]<br>Assigned Unit No. 011<br>Position LIEUTENANT OF POLICE |

# TACTICAL RESPONSE REPORT/Chicago Police Department

|  |  |  |   |   |   |   |   |                     |                              |  |  |
|--|--|--|---|---|---|---|---|---------------------|------------------------------|--|--|
| 1 DATE OF INCIDENT<br><b>11-JUN-2012</b>   |  | TIME<br><b>22:43:00</b>  | 2 ADDRESS OF OCCURRENCE<br>[REDACTED]   |   |   |   | 3 LOCATION CODE<br><b>090</b>   |                     | 4 BEAT/OCCUR<br><b>1134</b>  |  |  |
| <b>MEMBER INVOLVED</b><br><br><input type="checkbox"/> DNA<br><br><b>SUBJECT INFORMATION</b> | 5 POSITION<br><b>9161</b>  | 6 LAST NAME<br><b>DALY</b>   | 7 FIRST NAME<br><b>EDMUND H</b>   | 8 STAR NO<br><b>7991</b>  | 9 SEX<br><input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F   | 10 RACE CODE<br><b>S</b>  | 11 AGE<br>[REDACTED]  | 12 HT<br><b>511</b> | 13 WT<br><b>190</b>          |  |  |
|  | 14 DATE OF APPT<br><b>03-JAN-1995</b>  | 15 EMPLOYEE NO<br>[REDACTED]   | 16 UNIT & BEAT OF ASSIGNMENT<br><b>314   6741C</b>  | 17 DUTY STATUS<br><input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off   | 18 MEMBER INJURED?<br><input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No                                 | 19 MEMBER IN UNIFORM?<br><input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No  |   |                     |                              |  |  |
|  | 20 LAST NAME<br>[REDACTED]   |  | 21 FIRST NAME<br>[REDACTED]   | 22 M I<br>[REDACTED]  | 23 SEX<br><input type="checkbox"/> 01 M <input checked="" type="checkbox"/> 02 F  | 24 RACE<br>[REDACTED]   | 25 D O B<br>[REDACTED]  | 26 HT<br>[REDACTED] | 27 WT<br>[REDACTED]          |  |  |
|  | 28 ADDRESS<br>[REDACTED]   |  |   | 29 TELEPHONE NO<br>[REDACTED]   | 30 WAS SUBJECT ARMED?<br><input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No                              | 31 SUBJECT INJURED?<br><input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No  | 32 SUBJECT ALLEGED INJURY?<br><input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No |                     |                              |  |  |
|  | 33 WHERE WAS MEDICAL TREATMENT OBTAINED?<br>[REDACTED]   |  |   | 34 BY WHOM?<br>[REDACTED]   | 35 CONDITION<br><input type="checkbox"/> 01 Apparently Normal<br><input type="checkbox"/> 03 Hospitalized                       | 36 CHARGES PLACED<br>[REDACTED]   | 37 CB NO<br>[REDACTED]  | IR NO<br>[REDACTED] | <input type="checkbox"/> DNA |  |  |
|  | 38<br><input type="checkbox"/> DNA   | PASSIVE RESISTER   |   | ACTIVE RESISTER   | ASSAILANT ASSAULT   | ASSAILANT BATTERY   | ASSAILANT DEADLY FORCE  |                     |                              |  |  |
|  | <b>SUBJECT'S ACTIONS</b>   | DID NOT FOLLOW VERBAL DIRECTION<br><input type="checkbox"/>  | STIFFENED (DEAD WEIGHT)<br><input type="checkbox"/>   | FLED<br><input type="checkbox"/>  | IMMINENT THREAT OF BATTERY<br><input type="checkbox"/>  | ATTACK WITH WEAPON<br><input type="checkbox"/>  | USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM<br><input type="checkbox"/>                       |                     |                              |  |  |
|  | <b>MEMBERS RESPONSE</b>  | PULLED AWAY<br><input type="checkbox"/>  | OTHER _____   | OTHER _____   | ATTACK WITHOUT WEAPON<br><input type="checkbox"/>   | WEAPON<br><input type="checkbox"/>  | WEAPON<br><input type="checkbox"/>  |                     |                              |  |  |
|  |  | OTHER _____  | OTHER _____   | OTHER _____   | OTHER _____   | OTHER ANIMAL ATTACK<br>[REDACTED]   |   |                     |                              |  |  |
|  | 39<br><input type="checkbox"/> DNA   | * OC/CHEMICAL WEAPON AUTHORIZED BY (NAME)<br>[REDACTED]  |   |   | 40 ADDITIONAL INFORMATION<br><b>(2) PITBULL DOGS ATTACKED R/O UPON EXECUTION OF SEARCH WARRANT 12SW6152 FOR LISTED ADDRESS.</b> |   |   |                     |                              |  |  |
| <b>WEAPON DISCHARGE INCIDENT</b>   | POSITION<br>[REDACTED]   | STAR NO<br>[REDACTED]  | UNIT<br>[REDACTED]  | 41 WEAPON TYPE<br><input checked="" type="checkbox"/> 04 SEMI-AUTO PISTOL<br><input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 05 CHEMICAL WEAPON<br><input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 06 TASER (Probe Discharge)<br><input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 07 OTHER | 42 INCIDENT OCCURRED<br><input checked="" type="checkbox"/> Indoors <input type="checkbox"/> Outdoors                           | 43 LIGHTING CONDITIONS<br><input type="checkbox"/> 01 Daylight<br><input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk<br><input type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial | 44 WEATHER CONDITIONS<br><b>CLEAR</b>   |                     |                              |  |  |
|  | 45 MAKE/MANUFACTURER<br>GLOCK, INC -AU-  | 46 MODEL<br><b>30</b>  | 47 BARREL LENGTH<br><b>3.78</b>   | 48 CALIBER/GAUGE<br><b>45 CAL</b>   |   |   |   |                     |                              |  |  |
|  | 49 TASER DART ID NO<br>[REDACTED]  | 50 WEAPON SERIAL NO (Include Letters)<br>[REDACTED]  | 51 CHICAGO GUN REG NO<br>[REDACTED]   | 52 IL FIREARM OWNER ID NO<br>[REDACTED]   | 53 HANDGUN CERTIFICATE NO<br>[REDACTED]   |   |   |                     |                              |  |  |
|  | 54 SPECIAL WEAPON CERTIFICATE NO<br>[REDACTED]   | 55 PROPERTY INVENTORY NO<br>[REDACTED]   | 56 TYPE OF AMMUNITION USED<br><b>Department Issued</b>  | 57 NO OF WEAPONS DISCHARGED BY THIS MEMBER<br><b>1</b>  | 58 TOTAL NO OF SHOTS MEMBER FIRED<br><b>1</b>   |   |   |                     |                              |  |  |
|  | 59 WHO FIRED FIRST SHOT<br><input checked="" type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER  | 60 WAS FIREARM RELOADED DURING INCIDENT<br><input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO | 61 NO OF CARTRIDGES/SHOT SHELLS RELOADED<br><b>0</b>  | 62 HOW WAS MEMBER'S HANDGUN WORN<br><input type="checkbox"/> 03 OTHER (Specify)<br><input checked="" type="checkbox"/> 01 RT SIDE (WAIST) <input type="checkbox"/> 02 LT SIDE (WAIST)   |   |   |   |                     |                              |  |  |
|  | 63 HOW WAS MEMBER'S HANDGUN DRAWN<br><input checked="" type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW  | 64 SPECIFY METHOD/EQUIPMENT USED TO RELOAD<br>[REDACTED]   | 65 DID MEMBER USE SIGHTS<br><input checked="" type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO |   |   |   |   |                     |                              |  |  |
|  | 66 DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)<br><b>DOOR</b>  |  |   | 67 DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED<br><input checked="" type="checkbox"/> 01 0 - 05 FT <input type="checkbox"/> 02 05 - 10 FT <input type="checkbox"/> 03 10 - 15 FT <input type="checkbox"/> 04 OVER 15 FT   |   |   |   |                     |                              |  |  |
|  | 68 PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON<br><input type="checkbox"/> 01 PERSON <input checked="" type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN  |  |   | 69 POSITION OF MEMBER DISCHARGING WEAPON<br><input checked="" type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN<br><input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)  |   |   |   |                     |                              |  |  |
| 72<br><b>CASE INFO</b>   | NOTIFICATIONS (OC OR TASER INCIDENT) <input type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT & W C /DIST OF OCCUR<br>NOTIFICATIONS (FIREARM INCIDENT) <input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT & W C /DIST OF OCCUR <input checked="" type="checkbox"/> OP COMMAND <input checked="" type="checkbox"/> DET DIV<br>Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report |  |   |   |   |   |   |                     |                              |  |  |
| <b>SIGNATURES</b>  | 73 REPORTING MEMBER (Print Name)<br><b>DALY, EDMUND H</b><br>12-JUN-2012 00:40:54  |  |   | STAR/EMPLOYEE NO<br><b>7991</b><br>28908  | SIGNATURE<br>[REDACTED]   |   |   |                     |                              |  |  |
|  | Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below  |  |   |   |   |   |   |                     |                              |  |  |
|  | 74 REVIEWING SUPERVISOR (Print Name)<br><b>CASEY, TIMOTHY A</b>  | STAR NO<br><b>1123</b>   | SIGNATURE<br>[REDACTED]   | DATE REVIEWED<br><b>12-JUN-2012</b>   | TIME<br><b>00:48:55</b>   |   |   |                     |                              |  |  |

## WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM, 2 ) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR, 3 ) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING, 1 ) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON, 2 ) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON, 3 ) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2

75 SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

DNA

REFUSED

UNABLE TO INTERVIEW (Specify Reason)

76 WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

The officer's actions were both reasonable and necessary to protect himself from the attacking dogs

77 WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION

I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS  
WERE IN COMPLIANCE WITH DEPARTMENT  
PROCEDURES AND DIRECTIVES

I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED

LOG NO /CRNO 1054685 OBTAINED

78 WATCH COMMANDER/OCIC (Print Name)

**STOPPA, KENNETH A**

SIGNATURE

DATE COMPLETED TIME

**12-JUN-2012 00:54:34**

79 DISTRIBUTION OF ORIGINAL TRR

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS

ATTACHMENTS - PHOTOCOPIES OF

CASE REPORT  
 ARREST REPORT

SUPPLEMENTARY REPORT  
 OFFICER BATTERY REPORT  
 TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

IOD REPORT  
 CR INITIATION REPORT

80 TOTAL TRR's THIS EVENT No

**2**

# TACTICAL RESPONSE REPORT/Chicago Police Department

|   |   |   |   |  |  |   |   |   |   |  |  |  |  |
|---|---|---|---|--|--|---|---|---|---|--|--|--|--|
| 1 DATE OF INCIDENT<br><b>11-JUN-2012</b>  |   | TIME<br><b>22:43:00</b>   | 2 ADDRESS OF OCCURRENCE<br><b>1117 1/2 S TROY ST , Apt @W CHICAGO, IL 60612</b> |  |  |   | 3 LOCATION CODE<br><b>090</b>   | 4 BEAT/OCCUR<br><b>1134</b>   |   |  |  |  |  |
| <b>MEMBER INVOLVED</b><br><br><input checked="" type="checkbox"/> DNA<br><br><b>SUBJECT INFORMATION</b> | 5 POSITION<br><b>9161</b>   | 6 LAST NAME<br><b>MC CRAY</b>   | 7 FIRST NAME<br><b>DAVID</b>  | 8 STAR NO<br><b>18508</b>  | 9 SEX<br><input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F                                  | 10 RACE CODE<br><b>BLK</b>  | 11 AGE<br>[REDACTED]  | 12 HT<br><b>510</b>   | 13 WT<br><b>180</b>                     |  |  |  |  |
|   | 14 DATE OF APPT<br><b>31-MAY-1994</b>   | 15 EMPLOYEE NO<br>[REDACTED]  | 16 UNIT & BEAT OF ASSIGNMENT<br><b>314   6741E</b>                              | 17 DUTY STATUS<br><input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off  | 18 MEMBER INJURED?<br><input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No                  | 19 MEMBER IN UNIFORM?<br><input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No  |   |   |   |  |  |  |  |
|   | 20 LAST NAME<br>[REDACTED]  |   | 21 FIRST NAME<br>[REDACTED]   | 22 M I<br><input type="checkbox"/> 01 M <input checked="" type="checkbox"/> 02 F   | 23 SEX<br>[REDACTED]   | 24 RACE<br>[REDACTED]   | 25 D O B<br>[REDACTED]  | 26 HT<br>[REDACTED]   | 27 WT<br>[REDACTED]                     |  |  |  |  |
|   | 28 ADDRESS<br>[REDACTED]  |   |   | 29 TELEPHONE NO<br>[REDACTED]  | 30 WAS SUBJECT ARMED?<br><input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No               | 31 SUBJECT INJURED?<br><input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No  | 32 SUBJECT ALLEGED INJURY?<br><input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No                             |   |   |  |  |  |  |
|   | 33 WHERE WAS MEDICAL TREATMENT OBTAINED?<br>[REDACTED]  |   |   | 34 BY WHOM?<br>[REDACTED]  | 35 CONDITION<br><input type="checkbox"/> 03 Hospitalized <input checked="" type="checkbox"/> 04 Not Hospitalized | 36 CHARGES PLACED<br>[REDACTED]   | 37 CB NO<br>[REDACTED]  | IR NO<br>[REDACTED]   | <input checked="" type="checkbox"/> DNA |  |  |  |  |
|   | <b>REASON FOR USE OF FORCE</b><br><br>(Check all that apply)  | 38 SUBJECT'S ACTIONS<br><br>DID NOT FOLLOW VERBAL DIRECTION <input type="checkbox"/><br>STIFFENED (DEAD WEIGHT) <input type="checkbox"/><br>OTHER _____ |   | 39 MEMBER'S RESPONSE<br><br>MEMBER PRESENCE <input type="checkbox"/><br>VERBAL COMMANDS <input type="checkbox"/><br>ESCORT HOLDS <input type="checkbox"/><br>WRISTLOCK <input type="checkbox"/><br>ARMBAR <input type="checkbox"/><br>PRESSURE SENSITIVE AREAS <input type="checkbox"/><br>CONTROL INSTRUMENT <input type="checkbox"/><br>OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/><br>OTHER _____ |  | 40 ASSAULTANT ASSAULT<br><br>FLED <input type="checkbox"/><br>PULLED AWAY <input type="checkbox"/><br>OTHER _____   |   | 41 ASSAULTANT BATTERY<br><br>IMMINENT THREAT OF BATTERY <input type="checkbox"/><br>OTHER _____ |   | 42 ASSAULTANT DEADLY FORCE<br><br>ATTACK WITH WEAPON <input type="checkbox"/><br>ATTACK WITHOUT WEAPON <input type="checkbox"/><br>OTHER _____ |  | 43 USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM<br><br>WEAPON <input type="checkbox"/><br>OTHER ANIMAL ATTACK _____ |  |
|   |   |   |   |  |  |   |   |   |   |  |  |  |  |
|   |   |   |   |  |  |   |   |   |   |  |  |  |  |
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|   |   |   |   |  |  |   |   |   |   |  |  |  |  |
| <b>WEAPON DISCHARGE INCIDENT</b>  | 44 OC/CHEMICAL WEAPON AUTHORIZED BY (NAME)<br>[REDACTED]  |   |   | 45 ADDITIONAL INFORMATION<br><b>ANIMAL ATTACK. (2) PITBULLS CHARGED R/O DURING THE EXECUTION OF SEARCH WARRANT 12SW6152. R/O FIRED FOR HIS OWN SAFETY AS WELL AS HIS FELLOW P/O'S.</b>   |  |   |   |   |   |  |  |  |  |
|   | POSITION<br>[REDACTED]  |   |   | STAR NO<br>[REDACTED]  | UNIT<br>[REDACTED]   | 46 MAKE/MANUFACTURER<br><b>SIG-SAUER/COLT SAUER --GE-- (BEHORDEN)</b>   | 47 MODEL<br><b>P220</b>   | 48 BARREL LENGTH<br><b>4</b>  | 49 CALIBER/GAUGE<br><b>45 CAL</b>       |  |  |  |  |
|   | 50 WEAPON SERIAL NO (Include Letters)<br>[REDACTED]   |   |   | 51 CHICAGO GUN REG NO<br>[REDACTED]  | 52 IL FIREARM OWNER ID NO<br>[REDACTED]  | 53 HANDGUN CERTIFICATE NO<br>[REDACTED]   |   |   |   |  |  |  |  |
|   | 54 SPECIAL WEAPON CERTIFICATE NO<br>[REDACTED]  |   |   | 55 PROPERTY INVENTORY NO<br>[REDACTED]   | 56 TYPE OF AMMUNITION USED<br><b>Department Issued</b>   | 57 NO OF WEAPONS DISCHARGED BY THIS MEMBER<br><b>1</b>  | 58 TOTAL NO OF SHOTS MEMBER FIRED<br><b>5</b>   |   |   |  |  |  |  |
|   | 59 WHO FIRED FIRST SHOT<br><input type="checkbox"/> 01 MEMBER <input checked="" type="checkbox"/> 02 OFFENDER   |   |   | 60 WAS FIREARM RELOADED DURING INCIDENT<br><input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO   | 61 NO OF CARTRIDGES/SHOT SHELLS RELOADED<br>[REDACTED]   | 62 HOW WAS MEMBER'S HANDGUN WORN<br><input type="checkbox"/> 03 OTHER (Specify)<br><input checked="" type="checkbox"/> 01 RT SIDE (WAIST) <input type="checkbox"/> 02 LT SIDE (WAIST) | 63 HOW WAS MEMBER'S HANDGUN DRAWN<br><input type="checkbox"/> 01 STRONG SIDE DRAW <input checked="" type="checkbox"/> 02 CROSS DRAW |   |   |  | 64 SPECIFY METHOD/EQUIPMENT USED TO RELOAD<br>[REDACTED] | 65 DID MEMBER USE SIGHTS<br><input checked="" type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO                        |  |
|   | 66 DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)<br><b>DOOR</b>   |   |   | 67 DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED<br><input type="checkbox"/> 01 0 - 05 FT <input checked="" type="checkbox"/> 02 05 - 10 FT <input type="checkbox"/> 03 10 - 15 FT <input type="checkbox"/> 04 OVER 15 FT  |  |   |   |   |   |  |  |  |  |
|   | 68 PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON<br><input type="checkbox"/> 01 PERSON <input checked="" type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN |   |   | 69 POSITION OF MEMBER DISCHARGING WEAPON<br><input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN<br><input type="checkbox"/> 03 SITTING <input checked="" type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)<br>[REDACTED]   |  |   |   |   |   |  |  |  |  |
|   | <b>CASE INFO</b>  | 70 NOTIFICATIONS (OC OR TASER INCIDENT)<br>[REDACTED]   |   |  | 71 OEMC<br><input type="checkbox"/>  | 72 DESK SGT & W C /DIST OF OCCUR<br><input checked="" type="checkbox"/>   |   |   |   |  |  |  |  |
|   |   | 73 NOTIFICATIONS (FIREARM INCIDENT)<br>[REDACTED]   |   |  | 74 OEMC<br><input checked="" type="checkbox"/>   | 75 DESK SGT & W C /DIST OF OCCUR<br><input checked="" type="checkbox"/> OP COMMAND <input checked="" type="checkbox"/> DET DIV  |   |   |   |  |  |  |  |
|   |   | Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report                |   |  |  |   |   |   |   |  |  |  |  |
| 76 REVIEWING SUPERVISOR (Print Name)<br><b>CASEY, TIMOTHY A</b>   |   |   |   |  |  |   |   |   |   |  |  |  |  |
| <b>SIGNATURES</b>   | 77 STAR/EMPLOYEE NO<br><b>18508</b>   |   |   | 78 SIGNATURE<br>[REDACTED]   |  |   |   |   |   |  |  |  |  |
|   | 79 DATE REVIEWED<br><b>12-JUN-2012 00:49:44</b>   |   |   | 80 TIME<br>[REDACTED]  |  |   |   |   |   |  |  |  |  |

## WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM, 2 ) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR, 3 ) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING, 1 ) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON, 2 ) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON, 3 ) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2

|   |   |                                  |   |
|---|---|----------------------------------|---|
| 75 SUBJECT'S STATEMENT REGARDING THE USE OF FORCE | <input checked="" type="checkbox"/> DNA | <input type="checkbox"/> REFUSED | <input type="checkbox"/> UNABLE TO INTERVIEW (Specify Reason) |
|---|---|----------------------------------|---|

76 WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

The officer's actions were both reasonable and necessary to protect himself from the attacking dogs

77 WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION

I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES

I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED

LOG NO /CRNO 1054685 OBTAINED

78 WATCH COMMANDER/OCIC (Print Name)

**STOPPA, KENNETH A**

SIGNATURE

DATE COMPLETED TIME

**12-JUN-2012 00:55:01**

79 DISTRIBUTION OF ORIGINAL TRR

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS

ATTACHMENTS - PHOTOCOPIES OF

CASE REPORT  
 ARREST REPORT

SUPPLEMENTARY REPORT  
 OFFICER BATTERY REPORT  
 TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

I O D REPORT  
 CR INITIATION REPORT

80 TOTAL TRR's THIS EVENT No

**2**



# NOTICE OF ALCOHOL AND DRUG TESTING FOLLOWING A FIREARMS DISCHARGE INCIDENT

CHICAGO POLICE DEPARTMENT

TO: Involved Member's Name DAVID McCRAY Title Police Officer  
Star No. 18508 Employee No. [REDACTED] Unit 314

The applicable collective bargaining agreements and policy of the Chicago Police Department require those involved in a firearms discharge incident to undergo testing for the presence of alcohol and drugs. You are hereby ordered to submit to this testing and are required to take an alcohol breath test and provide a urine specimen.

Any refusal to take the required tests or refusal to fully comply with the testing procedures will be treated as a violation of Department Rules and will subject you to discipline up to and including separation.

I acknowledge and understand this notice of testing.

| Print Member's Name   | Involved Member's Signature           | Date and Time                    |
|-----------------------|---------------------------------------|----------------------------------|
| David McCray          | [Signature]                           | 12 Jun 12 0305                   |
| Type of Test: Alcohol | Location: 3151 W. HARRISON 011th Dist | Date and Time: 12 Jun 2012 0246H |
| Type of Test: Drug    | Location: 3151 W. HARRISON 011th Dist | Date and Time: 12 Jun 2012 0255H |

I have provided notice to the involved member and conducted the alcohol and drug testing as indicated.

| B.I.A. Supervisor's Name | B.I.A. Supervisor's Signature | Date and Time       |
|--------------------------|-------------------------------|---------------------|
| Sgt. TERRANCE COCAZON    | [Signature]                   | 12 Jun 2012 0305HRS |

CRD-44.252 (REV. 11/11) Log # 10546B5

DISTRIBUTION: ORIGINAL - TO B.I.A. SUPERVISOR, COPY - TO INVOLVED MEMBER.

BAC - .000

START - 0221HRS.  
STOP - 0241HRS.



6/15/2012 6:29:08 AM

## Drug Detail Report

### PATIENT INFORMATION

Quest Diagnostics Employer Solutions  
Customer Care: 800-877-7484

Primary ID: [REDACTED]

### CLIENT INFORMATION

[REDACTED]

#### SPECIMEN INFORMATION

REQUISITION: 1882486  
LAB REF NO: 793217Z  
COLLECTED: 6/12/2012 02:55  
RECEIVED: 6/13/2012 08:18  
REPORTED: 6/13/2012 13:55  
DOCUMENT ID:

Reason: OTHER -- WEAPONS DISCHARGE

Tests Ordered: 35190N

| Integrity Checks | Acceptable Range |
|------------------|------------------|
|------------------|------------------|

|                       |          |         |
|-----------------------|----------|---------|
| CREATININE            | >350     |         |
| pH                    | 5.3      | 4.5-8.9 |
| OXIDIZING ADULTERANTS | Negative |         |

| Substance Abuse Panel | Initial Test Level | GC/MS Confirm Test Level |
|-----------------------|--------------------|--------------------------|
| AMPHETAMINES          | Negative           | 1000 ng/mL               |
| BARBITURATES          | Negative           | 300 ng/mL                |
| BENZODIAZEPINES       | Negative           | 300 ng/mL                |
| COCAINE METABOLITES   | Negative           | 300 ng/mL                |
| MARIJUANA METABOLITES | Negative           | 50 ng/mL                 |
| METHADONE             | Negative           | 300 ng/mL                |
| METHAQUALONE          | Negative           | 300 ng/mL                |
| OPIATES               | Negative           | 2000 ng/mL               |
| PHENCYCLIDINE         | Negative           | 25 ng/mL                 |
| PROPOXYPHENE          | Negative           | 300 ng/mL                |

CERTIFYING SCIENTIST: KSSM04

SPECIMEN RECEIVED AND PROCESSED IN THE

LAB: Quest Diagnostics-Lenexa  
10101 Renner Blvd  
Lenexa KS 66219

ADDITIONAL COMMENTS:

Test Type: WEAPONS DISCHARGE mapped to OTHR

[REDACTED]

6/15/2012

CPD 0077190

**INVESTIGATIONS DIVISION**  
**General Investigations Section**

**12 JUN 2012**  
**CL #1054685**

**TO:** Juan RIVERA – Bureau Chief  
Bureau of Internal Affairs

**ATTN:** Robert KLIMAS – Commander  
Investigations Division

**ATTN:** Lieutenant Susan CLARK Star #320  
Administrative Section  
Investigations Division

**FROM:** Sergeant Terrance COCHRAN Star #894  
General Investigations Section  
Investigations Division

**SUBJECT:** Synoptic Report – Firearms Discharge Incident (Animal)

**REFERENCE:** LOG# : 1054685  
SW# : [REDACTED]  
RD# : HV-[REDACTED]  
EVENT# : [REDACTED]

**INCIDENT**

**LOCATION:** 1117 South Troy Street, Chicago, ILLINOIS (Beat 1134)

**DATE & TIME:** 11 JUN 2012 2243 Hours

**OCIC, W/C:** 011<sup>th</sup> District 1<sup>st</sup> Watch D.S.S. – Lieutenant Kenneth STOPPA  
Star #339  
Unit #314 (Area Four Gangs) / Beat 6743 - Sergeant Timothy  
CASEY Star #1123

**INVOLVED**

**MEMBER #1:** Police Officer Edmund DALY  
Star #7991  
Employee # [REDACTED]  
Unit of Assignment: Unit #314 (Area Four Gangs - Beat 6741C)  
C/S: 03 JAN 1995  
DOB: [REDACTED]

**RESULTS:** B.A.C. 000 [REDACTED]

**INVOLVED**

**MEMBER #2:** Police Officer David McCRAY  
Star #18508  
Employee [REDACTED]  
Unit of Assignment: Unit #314 (Area [REDACTED] - Beat 6741E)  
C/S: 31 MAY 1994  
DOB: [REDACTED]

**INVESTIGATIONS DIVISION**  
**General Investigations Section**

**12 JUN 2012**  
**CL #1054685**

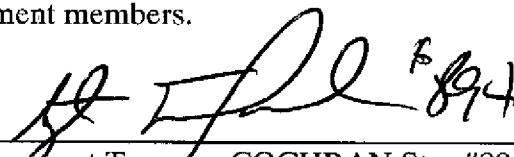
**(Continuation of Narrative Page #2 of 2)**

**RESULTS:**      B.A.C. 000      [REDACTED]

**IN SUMMARY:**      Notification was received from Officer Mark KOCHAN Star #7160 of the Crime Prevention and Information Center at approximately 2345 Hours on 11 JUN 2012 regarding a Firearms Discharge Incident in the 011<sup>th</sup> District. This incident is recorded under RD #HV-[REDACTED] & EVENT [REDACTED]. After speaking with the 011<sup>th</sup> District 1<sup>st</sup> Watch District Station Supervisor, Lieutenant Kenneth STOPPA Star #339 and Unit #314 - Area Four Gangs Sergeant Timothy CASEY Star #1123, the Reporting Sergeant went to the 011<sup>th</sup> District at 3151 West Harrison (0110 Hours – 12 JUN 2012).

Upon Officer DALY becoming available, the Reporting Sergeant collected the urine specimen of involved member at 0135 Hours on 12 JUN 2012. DALY was then presented with the "Notice of Alcohol and Drug Testing Following a Firearm Discharge incident" form. The 20 (twenty) minute observation period of involved member was begun at 0140 Hours on 12 JUN 2012. The Breath Test was conducted at 0211 Hours on 12 JUN 2012 and returned with a BAC reading of .000.

Upon Officer McCRAY becoming available, he was presented with the "Notice of Alcohol and Drug Testing Following a Firearm Discharge incident" form. The 20 (twenty) minute observation period of involved member was begun at 0221 Hours on 12 JUN 2012. The Breath Test was conducted at 0246 Hours on 12 JUN 2012 and returned with a BAC reading of .000. The Reporting Sergeant then collected the urine specimen of involved member at 0255 Hours on 12 JUN 2012. Lieutenant STOPPA was notified of the test results of the involved Department members.

  
\_\_\_\_\_  
Sergeant Terrance COCHRAN Star #894  
General Investigations Section  
Investigations Division

**APPROVED:**

  
\_\_\_\_\_  
Commanding Officer  
Administrative Section  
Investigations Division

911 Call Info

#### **Assisting Units**

**EVENT ASSISTING UNITS**

RD No: HV

**Event No.**

#### Add-on Document

1117 S TROY ST

Unit 6741C

**Case Cancel Flag**

BD # Assigned Date: 00:03 12-JUN-2012

**S911 ASSISTING UNITS**

11:24:54 PM

TCH LOGON ID EMP TYPE



# NOTICE OF ALCOHOL AND DRUG TESTING FOLLOWING A FIREARMS DISCHARGE INCIDENT

CHICAGO POLICE DEPARTMENT

TO: Involved Member's Name EDMUND DALY Title Police Officer  
Star No. 7991 Employee No. [REDACTED] Unit 314

The applicable collective bargaining agreements and policy of the Chicago Police Department require those involved in a firearms discharge incident to undergo testing for the presence of alcohol and drugs. You are hereby ordered to submit to this testing and are required to take an alcohol breath test and provide a urine specimen.

Any refusal to take the required tests or refusal to fully comply with the testing procedures will be treated as a violation of Department Rules and will subject you to discipline up to and including separation.

I acknowledge and understand this notice of testing.

| Print Member's Name   | Involved Member's Signature           | Date and Time                       |
|-----------------------|---------------------------------------|-------------------------------------|
| Edmund Daly 7991      | Edmund Daly 7991                      | 12 Jun 12 0220hrs.                  |
| Type of Test: Alcohol | Location: 3151 W. Harrison 01/PM Dist | Date and Time: 12 JUN 2012 0211hrs  |
| Type of Test: Drug    | Location: 3151 W. Harrison 01/PM Dist | Date and Time: 12 JUN 2012 0135hrs. |

I have provided notice to the involved member and conducted the alcohol and drug testing as indicated.

| B.I.A. Supervisor's Name | B.I.A. Supervisor's Signature | Date and Time        |
|--------------------------|-------------------------------|----------------------|
| Sgt. TERRANCE CERMAN     | JL ZP 894                     | 12 JUN 2012 0220hrs. |

CPB-44.252 (REV. 11/11)

DISTRIBUTION: ORIGINAL - TO B.I.A. SUPERVISOR, COPY - TO INVOLVED MEMBER.

Log # 1054685  
WD # [REDACTED]

*L BAC -.000 >*

START - 0140 HRS  
STOP - 0200 HRS



Chicago Police Department

There are currently 629 users online.

11 June 2012 11:24:54 PM

**CLEAR Data Warehouse**  
**Personnel Check Sorted by Name**  
**For All Units**

**Report Date= 6/11/2012 Requested By= PCOL389**

| LAST | FIRST  | MI | SEX | RACE | BIRTH DATE | AGE | EMPL # | HGT | WT   | TITLE       | APPTMT DATE | ICON        | SRCV DT     | SENRTY DT | YOJ | DIST | STAR | ASGN DTL | WATCH      | CCOM ID | EMP TYPE |
|------|--------|----|-----|------|------------|-----|--------|-----|------|-------------|-------------|-------------|-------------|-----------|-----|------|------|----------|------------|---------|----------|
| DALY | EDMUND | H  | M   | HISP | 190        | 43  | 511    | 190 | 9161 | 03-JAN-1995 | 03-JAN-1995 | 03-JAN-1995 | 03-JAN-1995 | 17        | 008 | 7991 | 314  | 4        | [REDACTED] | P       |          |

This results table currently has 1 records in it.  
For Official Police Use Only! Not For Dissemination!

# \$911 Call Inquiry

911 Call Info

Assisting Units

## EVENT

|   |                                       |   |   |
|---|---------------------------------------|---|---|
| Event No:   | RD No HV:                             | Call Taker ID: D106919                        | Dispatcher ID: D541238                        |
| <b>OCCURRENCE/SERVICE ADDRESS</b>   |                                       |   |   |
| Occurrence Address:   | Street # Dir. Street Name:            | Apt #   | Floor# Beat                                   |
| Service Address:  |                                       |   | 1134  |
| CALL  | JUN-2012                              | Call Completed Date:                          | 01:00 12-JUN-2012                             |
| Caller:   | Last Name:                            | First Name:                                   | M.I.  |
| Address:  | Street # Dir. Street Name:            | Apt #   | Floor# Phone #                                |
| <b>FINAL COMPLETION Initial Dispatch:</b> SEARCH SEARCH WARRANT Work/Mobile Station: [REDACTED] |                                       |   |   |
| ARP Flag: <input type="checkbox"/>  | Call Assigned Date: 22-43 11-JUN-2012 | District Handling Call: 011                   | Catch Up Flag: <input type="checkbox"/>       |
| Location Type Flag: <input checked="" type="checkbox"/>   | Police Period: 126B                   | Out of Service Flag: <input type="checkbox"/> | Case Cancelled Flag: <input type="checkbox"/> |
| Service Location Type Flag: <input checked="" type="checkbox"/>                                 | Final Completion: 2022                | NARCOTICS:POSS.CONTROLL                       |   |



SUBJECT

WDR12-8152

OPERATOR FN

Sgt. COONRAD

-  
WITNESS

D N A

TEST LOCATION

Log #1054685

# DRUG TEST SPECIMEN AFFIDAVIT

CHICAGO POLICE DEPARTMENT

INSTRUCTIONS: Prepare in duplicate. Original (White) to Collection Unit; copy (Yellow) to member.

Donor I.D. verified

Photo I. D. by

Sgt. Terrence Coehan

Employer Representative

Signature of Employer Representative

PART I - A. On the 12 day of JUN 2012 at 0135, I, Edmund Daly, (TIME) (PRINT NAME)

removed the foil-top seal from a cup, and then removed the contents from the cup. I urinated into this same cup, then I delivered this cup containing my urine specimen to Sgt. Terrence Coehan, and witnessed this member:

(PRINT RECEIVING STAFF MEMBER'S NAME)

- B. Break the Tamper Evident Plastic Filament Link between the cap and the base of the vial.
- A  
C. Pour a portion of my urine specimen into a vial with the control number printed on it's side.
- B  
D. Close the vial cap.
- E. Seal the vial with a piece of evidence tape which was placed across the cap and down both sides of the vial. I then initialed the evidence tape with specimen ID number \_\_\_\_\_.
- F. Place my specimen in a bag which was closed with self adhesive tape. Then I initialed the barcode label on bag with the number \_\_\_\_\_.

|                      |              |                     |              |
|----------------------|--------------|---------------------|--------------|
| EXAMINEE'S SIGNATURE | STAR/EMP NO. | WITNESS'S SIGNATURE | STAR/EMP NO. |
| Edmund Daly          | 7941         | St. Zee             | # 8941       |

PART II - The urine specimen with the control number \_\_\_\_\_ was received and then secured in the appropriate Random Drug Testing Unit refrigerator/freezer compartment by:

Edmund Daly, on 6/12/12, at 0430. (EXAMINEE'S INITIALS)  
(STAFF MEMBER'S SIGNATURE) (DATE) (TIME)

PART III - I attest that the sealed urine specimen bag containing specimen ID number \_\_\_\_\_ was removed from the Random Drug Testing Unit refrigerator by \_\_\_\_\_ (RDTU MEMBER) and then delivered to \_\_\_\_\_, on \_\_\_\_\_, at \_\_\_\_\_ (LAB MEMBER) (DATE) (TIME)

Specimen received by \_\_\_\_\_ (LAB MEMBER'S INITIALS) \_\_\_\_\_ (RDTU MEMBER'S SIGNATURE) \_\_\_\_\_ STAR/EMP NO.

SPECIMEN ID NO.

**STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE**

LAB ACCESSION NO.

A. Employer Name, Address, I.D. No.

CHICAGO POLICE DEPT  
RANCOP DRUG UNIT, 610873W  
3110 S MICHIGAN AVE  
CHICAGO IL 60633  
P 1 312-745-5053 FAX 312-745-6819

B. MRO Name, Address, Phone and Fax No. FRB 71 3444588620

PN

FAX

C. Donor SSN or Employee I.D. No.

D. Donor Name: Last: [REDACTED]

First: [REDACTED]

E. Donor ID Verified:  Photo ID  Emp. Rep.

F. Reason for Test:  Pre-employment (1)  Random (3)  Reasonable Suspicion/Cause (5)  Post-Accident (2)  Promotion (22)  
 Return to Duty (6)  Follow-up (23)  Other (specify) (99) WEAPONS DISCHARGE

G. Drug Tests to be Performed:

X 35190M SAP 10 50/2000 4/6/T

H. Collector

Collection Site Code:

Address:

Collector Phone No. \_\_\_\_\_

City, St:

Collector Fax No. \_\_\_\_\_

**STEP 2: COLLECTOR**

Read specimen temperature within 4 minutes. Is temperature between 90° and 100° F?  Yes  No, Enter Remark

Specimen Collection:

Split  Single  None Provided (Enter Remark)  Observed (Enter Remark)

REMARKS WEAPONS DISCHARGE IN 011M DISTRICT

**STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5.**

**STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY**

I certify that the specimen given to me by the donor identified in the specification section on Copy 2 of this form was collected, labeled, sealed, and released to the Delivery Service noted in accordance with applicable requirements

X 57-11894  
Signature of Collector  
Sgt. ERINNE COCHIAN

(Print) Collector's Name (First, MI, Last)

01350 AM  
Time of Collection  
06/12/2012

Date (Mo./Day/Yr.)

**SPECIMEN BOTTLE(S) RELEASED TO:**

Quest Diagnostics Courier  FedEx

Other

Name of Delivery Service Transferring Specimen to Lab

**RECEIVED AT LAB: X**

**Primary Specimen Bottle Seal Intact**

**SPECIMEN BOTTLE(S) RELEASED TO:**

(Print) Accessioner's Name (First, MI, Last)

Date (Mo./Day/Yr.)

**STEP 5: COMPLETED BY DONOR**

I certify that I provided my specimen to the collector, that I have not adulterated it in any manner; each specimen bottle used was sealed with a tamper-evident seal in my presence; and that the information and numbers provided on this form and on the label affixed to each specimen bottle is correct

X

Signature of Donor

6/12/12  
(PRINT) Donor's Name (First, MI, Last)

Date (Mo./Day/Yr.)

Daytime Phone No. ( )

Evening Phone No. ( )

Date of Birth

Mo. Day Yr

| UNIT NO | DELIVER | CONTEN | AMOUN |
|---------|---------|--------|-------|
|---------|---------|--------|-------|

OPD-3

|                     |                           |   |
|---------------------|---------------------------|---|
| PROP. INVENTORY NO. | DATE RECEIVED             | MANNER RECEIVED   |
|                     | 12/14/2012                | <input type="checkbox"/> MAIL<br><input type="checkbox"/> COUNTER<br><input type="checkbox"/> CRIME LAB |
| RING OFFICER        | STAR NO.                  | <input type="checkbox"/> OTHER-<br>DESCRIBE   |
| ITS - DESCRIBE      | E & RPS RECEIVING OFFICER | STAR NO.  |
| T\$                 |                           |   |

Log # 1054685

WU #

## EVIDENCE - PROPERTY ENVELOPE

EVIDENCE & RECOVERED PROPERTY SECTION

CHICAGO POLICE DEPARTMENT

SEAL WITHIN WHITE AREA

RANDOM DRUG TESTING UNIT  
ALTERNATE COLLECTION RECEIPT

In the 12 day of June 2012, I P.O. SAETZA # (958) received a collected urine specimen from SGT. Cochran # 894. The specimen was delivered in sealed/unsealed condition and was received in packaging described as:

Select One  A clear and blue CPD evidence/property bag containing two tape-sealed vials (including one within a sealed Quest Diagnostics specimen bag).

or

\_\_\_\_\_  
\_\_\_\_\_

The packaging was then opened by P.O. SAETZA in the presence of SGT. Cochran 894. The following items were removed from the container:

Select One  One tape-sealed vial labeled # ██████████ within a sealed Quest Diagnostics specimen bag and one tape-sealed vial labeled # ██████████

or

\_\_\_\_\_  
\_\_\_\_\_

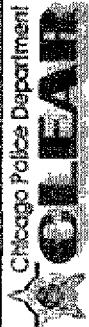
The specimen vials were then placed in the Random Drug Testing Unit collection site refrigerator/freezer by P.O. SAETZA, as witnessed by SGT. Cochran 894.

Specimen delivered by:

St. E. Lee # 894  
Signature

Received/stored by:

P. S. L. # 1958  
Signature



Chicago Police Department

There are currently 629 users online.

11 June 2012 11:25:44 PM

**CLEAR Data Warehouse**  
**Personnel Check Sorted by Name**  
**For All Units**

**Report Date= 6/11/2012 Requested By= PCOL389**

| LAST       | FIRST | M | SEX | RACE | BIRTH DATE | AGE | EMPL # | HGT | WGT | TITLE | APPTMT DATE | CON         | SRVC | DT          | SENTRY | DT | YODIST | STAR  | ASGN | DTL | WATCH | LOGON | ID | EMP_TYPE |
|------------|-------|---|-----|------|------------|-----|--------|-----|-----|-------|-------------|-------------|------|-------------|--------|----|--------|-------|------|-----|-------|-------|----|----------|
| MC<br>CRAY | DAVID | M |     | BLK  |            | 44  |        | 510 | 180 | 9161  | 31-MAY-1994 | 31-MAY-1994 | 1994 | 31-MAY-1994 | 1994   | 18 | 022    | 18508 | 314  | 4   |       | P     |    |          |

This results table currently has 1 records in it.  
For Official Police Use Only! Not For Dissemination!



# NOTICE OF ALCOHOL AND DRUG TESTING FOLLOWING A FIREARMS DISCHARGE INCIDENT

CHICAGO POLICE DEPARTMENT

TO: Involved Member's Name DAVID McCRAY Title Police Officer  
Star No. 18508 Employee No. [REDACTED] Unit 314

The applicable collective bargaining agreements and policy of the Chicago Police Department require those involved in a firearms discharge incident to undergo testing for the presence of alcohol and drugs. You are hereby ordered to submit to this testing and are required to take an alcohol breath test and provide a urine specimen.

Any refusal to take the required tests or refusal to fully comply with the testing procedures will be treated as a violation of Department Rules and will subject you to discipline up to and including separation.

I acknowledge and understand this notice of testing.

| Print Member's Name   | Involved Member's Signature           | Date and Time                    |
|-----------------------|---------------------------------------|----------------------------------|
| David McCray          | <u>David McCray #18508</u>            | 12 Jun 12 0305                   |
| Type of Test: Alcohol | Location: 3151 W. HARRISON 011th Dist | Date and Time: 12 Jun 2012 0246H |
| Type of Test: Drug    | Location: 3151 W. HARRISON 011th Dist | Date and Time: 12 Jun 2012 0255H |

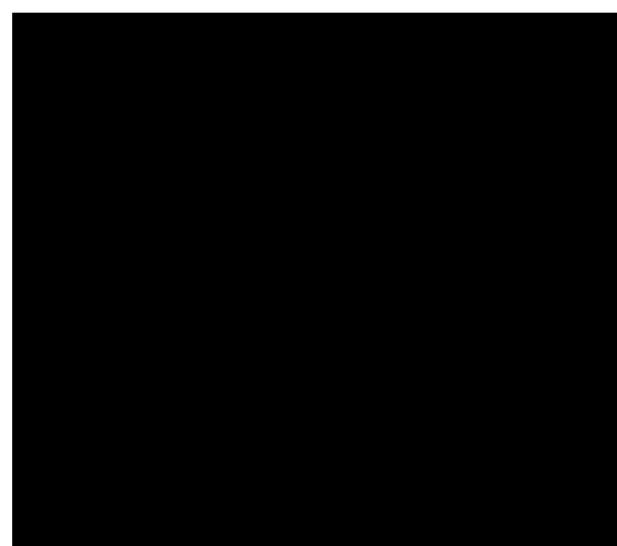
I have provided notice to the involved member and conducted the alcohol and drug testing as indicated.

| B.I.A. Supervisor's Name | B.I.A. Supervisor's Signature   | Date and Time       |
|--------------------------|---------------------------------|---------------------|
| Sgt. JEROME COCAKAN      | <u>J. Jerome Cocaikan * 894</u> | 12 Jun 2012 0305HRS |

Log # 10546B5      BAC - .000

START - 0221 HRS,  
STOP - 0241 HRS.

CDI 44.252 (REV. 11/11)      DISTRIBUTION: ORIGINAL - TO B.I.A. SUPERVISOR, COPY - TO INVOLVED MEMBER.



OPERATOR 184  
Sgt. Coe And  
WITNESS  
DNA  
TEST LOCATION  
Log # 105465

# DRUG TEST SPECIMEN AFFIDAVIT

CHICAGO POLICE DEPARTMENT

INSTRUCTIONS: Prepare in duplicate. Original (White) to Collection Unit; copy (Yellow) to member.

Donor I.D. verified

Photo I. D. by

Employer Representative

Sgt. TERRANCE COCHLON

Signature of Employer Representative

PART I - A. On the 12 day of JUN, 2012 at 0255, I, David McCRAY JR.  
(TIME) (PRINT NAME)

removed the foil-top seal from a cup, and then removed the contents from the cup. I urinated into this same cup, then I delivered this cup containing my urine specimen to Sgt. TERRANCE COCHLON  
(PRINT RECEIVING STAFF MEMBER'S NAME)

- B. Break the Tamper Evident Plastic Filament Link between the cap and the base of the vial.
- C. Pour a portion of my urine specimen into a vial with the control number printed on it's side.
- D. Close the vial cap.
- E. Seal the vial with a piece of evidence tape which was placed across the cap and down both sides of the vial. I then initialed the evidence tape with specimen ID number [REDACTED]
- F. Place my specimen in a bag which was closed with self adhesive tape. Then I initialed the barcode label on bag with the number [REDACTED]

A

B

MAIN TEST VIAL - NO.

ALTERNATE TEST VIAL - NO.

EXAMINEE'S SIGNATURE

STAR/EMP NO.

WITNESS'S SIGNATURE

STAR/EMP NO.

RECEIVING STAFF MEMBER'S SIGNATURE

STAR/EMP NO.

SUPERVISOR'S SIGNATURE

STAR/EMP NO.

PART II - The urine specimen with the control number [REDACTED] was received and then secured in the appropriate Random Drug Testing Unit refrigerator/freezer compartment by:

R. Decker, on 12 Jun 12, at 0425.  
(STAFF MEMBER'S SIGNATURE) (DATE) (TIME) (EXAMINEE'S INITIALS)

PART III - I attest that the sealed urine specimen bag containing specimen ID number [REDACTED]  
was removed from the Random Drug Testing Unit refrigerator by [REDACTED]  
(RDTU MEMBER)  
and then delivered to [REDACTED], on [REDACTED], at [REDACTED]  
(LAB MEMBER) (DATE) (TIME)

Specimen received by

(LAB MEMBER'S INITIALS)

(RDTU MEMBER'S SIGNATURE)

STAR/EMP NO.

SPECIMEN ID NO. [REDACTED]

**STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE**

LAB ACCESSION NO.

A. Employer Name, Address, I.D. No.

CHICAGO POLICE DEPT  
RANGE DRUG UNIT, 810873H  
3510 S MICHIGAN AVE  
CHICAGO IL 60653  
P 312-745-5093 FAX 312-745-6819

B. MRO Name, Address, Phone and Fax No. [REDACTED] 800-877-7484 800-877-7484

FAX

C. Donor SSN or Employee I.D. No. [REDACTED]

D. Donor Name: Last: [REDACTED] N First: [REDACTED]

E. Donor ID Verified:  Photo ID  Emp. Rep. \_\_\_\_\_

F. Reason for Test:  Pre-employment (1)  Random (3)  Reasonable Suspicion/Cause (5)  Post-Accident (2)  Promotion (22)  
 Return to Duty (6)  Follow-up (23)  Other (specify) (99) *WEAPONS DISCHARGE*

G. Drug Tests to be Performed:

3519GN SAP 10-50/2000 N/RIT

H. Collection Site Name:

3151 W. MARSHALL  
City, State and Zip: CHICAGO, ILLINOIS

Collection Site Code: [REDACTED]

Collector Phone No.: \_\_\_\_\_

Collector Fax No.: \_\_\_\_\_

**STEP 2: COMPLETED BY COLLECTOR**

Read specimen temperature within 4 minutes. Is temperature between 90° and 100° F?  Yes  No, Enter Remark

Specimen Collection:

Split  Single  None Provided (Enter Remark)  Observed (Enter Remark)

REMARKS

*WEAPONS DISCHARGE INCIDENT IN 01TH DISTRICT*

**STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5.**

**STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY**

I certify that the specimen given to me by the donor identified in the certification section on Copy 2 of this form was collected, labeled, sealed, and released to the Delivery Service noted in accordance with applicable requirements

X [Signature]  
SGT TAYLOR COOKMAN  
(Print) Collector's Name (First, MI, Last)

0255 AM  
PM

Time of Collection  
06/12/2012  
Date (Mo./Day/Yr.)

**SPECIMEN BOTTLE(S) RELEASED TO:**

Quest Diagnostics Courier  FedEx  
 Other \_\_\_\_\_

Name of Delivery Service Transferring Specimen to Lab

RECEIVED  
AT LAB:

Signature of Accessorier  
[REDACTED]  
(Print) Accessorier's Name (First, MI, Last)

Date (Mo./Day/Yr.)

**Primary Specimen  
Bottle Seal Intact**

Yes  
 No, Enter Remark \_\_\_\_\_

**SPECIMEN BOTTLE(S) RELEASED TO:**

**STEP 5: COMPLETED BY DONOR**

I certify that I provided my specimen to the collector; that I have not adulterated it in any manner; each specimen bottle used was sealed with a tamper-evident seal in my presence, and that the information and numbers provided on this form and on the label affixed to each specimen bottle is correct.

Signature of Donor

(PRINT) Donor's Name (First, MI, Last)

Date (Mo./Day/Yr.)

Daytime Phone No ( )

Evening Phone No ( )

Date of Birth

Mo / Day / Yr

|                                       |  |                           |  |
|---------------------------------------|--|---------------------------|--|
| PROP. INVENTORY NO.                   |  | DATE RECEIVED             | MANNER RECEIVED  |
|                                       |  | 12 JUN 2012               | <input type="checkbox"/> MAIL<br><input type="checkbox"/> COUNTER<br><input checked="" type="checkbox"/> CRIME LAB |
| S - DESCRIBE                          |  | STAR NO.                  | STAR NO.   |
|                                       |  | E & RPS RECEIVING OFFICER |  |
|                                       |  | LOG #                     | 1054685  |
|                                       |  |                           |  |
|                                       |  |                           |  |
|                                       |  |                           |  |
| UNIT NO.                              |  | S - DESCRIBE              |  |
| DELIVERIN                             |  | STAR NO.                  |  |
| CONTENT                               |  |                           |  |
| AMOUNT                                |  |                           |  |
| EVIDENCE - PROPERTY ENVELOPE          |  |                           |  |
| EVIDENCE & RECOVERED PROPERTY SECTION |  |                           |  |
| CHICAGO POLICE DEPARTMENT             |  |                           |  |
| CPD-34-E                              |  |                           |  |
| SEAL WITHIN WHITE AREA                |  |                           |  |

RANDOM DRUG TESTING UNIT  
ALTERNATE COLLECTION RECEIPT

On the 12 day of June 2012, I P.O. SAETZA # 19581 received a collected urine specimen from SGT. Cochran # 894. The specimen was delivered in sealed / unsealed condition and was received in packaging described as:

Select One  A clear and blue CPD evidence/properly bag containing two tape-sealed vials (including one within a sealed Quest Diagnostics specimen bag).

or

\_\_\_\_\_  
\_\_\_\_\_

The packaging was then opened by P.O. SAETZA in the presence of SGT. Cochran 894. The following items were removed from the container:

Select One  One tape-sealed vial labeled # ██████████ within a sealed Quest Diagnostics specimen bag and one tape-sealed vial labeled # ██████████

or

\_\_\_\_\_  
\_\_\_\_\_

The specimen vials were then placed in the Random Drug Testing Unit collection site refrigerator/freeze, by P.O. SAETZA, as witnessed by SGT. Cochran.

Specimen delivered by:

H. Zell  
Signature

# 894

Received/stored by:

C. Sch  
Signature

# 19581

Last Name: DALEY  
First Name: EDMUND  
Rank: POLICE OFFICER  
Star #: 7991  
Unit: 314  
Home Zip Code: 03 JAN 1995  
Date Hired: [REDACTED]  
Birthdate: [REDACTED]

[REDACTED] 12 JUN 12

# DRUG TEST SPECIMEN AFFIDAVIT

CHICAGO POLICE DEPARTMENT

INSTRUCTIONS: Prepare in duplicate. Original (White) to Collection Unit; copy (Yellow) to member.

Donor I.D. verified

Photo I. D. by

Sgt. TERRANCE COELHAN

Employer Representative

Signature of Employer Representative

PART I - A. On the 12 day of JUN 2012 at 0135, I, Edmund Daly (PRINT NAME)

removed the foil-top seal from a cup, and then removed the contents from the cup. I urinated into this same cup, then I delivered this cup containing my urine specimen to Sgt. TERRANCE COELHAN (PRINT RECEIVING STAFF MEMBER'S NAME) and witnessed this member:

B. Break the Tamper Evident Plastic Filament Link between the cap and the base of the vial.

A

MAIN TEST VIAL - NO.

B

ALTERNATE TEST VIAL - NO.

C. Pour a portion of my urine specimen into a vial with the control number printed on it's side.

D. Close the vial cap.

E. Seal the vial with a piece of evidence tape which was placed across the cap and down both sides of the vial. I then initialed the evidence tape with specimen ID number

F. Place my specimen in a bag which was closed with self adhesive tape. Then I initialed the barcode label on bag with the number

EXAMINEE'S SIGNATURE

STAR/EMP NO.

WITNESS'S/SIGNATURE

STAR/EMP NO.

Edmund Daly

7991

# 894

RECEIVING STAFF MEMBER'S SIGNATURE

STAR/EMP NO.

SUPERVISOR'S/SIGNATURE

STAR/EMP NO.

ST 222

# 894

PART II -

The urine specimen with the control number [REDACTED] was received and then secured in the appropriate Random Drug Testing Unit refrigerator/freezer compartment by:

Edmund Daly, on 6/12/12, at 0430. (EXAMINEE'S INITIALS)  
(STAFF MEMBER'S SIGNATURE) (DATE) (TIME)

PART III -

I attest that the sealed urine specimen bag containing specimen ID number

was removed from the Random Drug Testing Unit refrigerator by

(RDTU MEMBER)

and then delivered to

(LAB MEMBER)

(DATE)

(TIME)

Specimen received by

(LAB MEMBER'S INITIALS)

(RDTU MEMBER'S SIGNATURE)

STAR/EMP NO.

400015057 1805497 SPECIMEN ID NO.

**STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE**

LAB ACCESSION NO

A. Employer Name, Address, I.D. No.

CHICAGO POLICE DEPT  
RANGER DRUG UNIT 030873U  
4118 S MICHIGAN AVE  
CHICAGO IL 60653  
PH 322-7455-5059 FAX 322-

B. MRO Name, Address, Phone and Fax No. FAX (1) 501-240-0026

FAX

C. Donor SSN or Employee I.D. No.

D. Donor Name: Last: N First: J

E. Donor ID Verified:  Photo ID  Emp. Rep.

F. Reason for Test:  Pre-employment (1)  Random (3)  Reasonable Suspicion/Cause (5)  Post-Accident (2)  Promotion (22)  
 Return to Duty (6)  Follow-up (23)  Other (specify) (99) WEAPONS DISCHARGE

G. Drug Tests to be Performed:

URINE EXP 10-30/2012 8/11

H. Collector

Add:

City:

Collection Site Code:

Collector Phone No.:

Collector Fax No.:

**STEP 2: COMPLETED BY COLLECTOR**

Read specimen temperature within 4 minutes. Is temperature between 90° and 100° F?  Yes  No, Enter Remark

Specimen Collection:

Split  Single  Non Specified (Enter Remark)

Observed (Enter Remark)

REMARKS WEAPONS DISCHARGE IN 011TH DISTRICT

**STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5.**

**STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY**

I certify that the specimen given to me by the donor identified in the identification section on Copy 2 of this form was collected, labeled, sealed, and released to the Delivery Service noted in accordance with applicable requirements

Jeffrey S. Hagan  
Signature of Collector

01350  
Time of Collection  
06/12/2012

**SPECIMEN BOTTLE(S) RELEASED TO:**

Quest Diagnostics Courier  FedEx  
 Other

Name of Delivery Service Transferring Specimen to Lab

RECEIVED AT LAB: X

Signature of Accessioner

(Print) Accessioner's Name (First, MI, Last)

Date (Mo./Day/Yr.)

**Primary Specimen Bottle Seal Intact**

Yes  
 No, Enter Remark

**SPECIMEN BOTTLE(S) RELEASED TO:**

**STEP 5: COMPLETED BY DONOR**

I certify that I provided my specimen to the collector; that I have not adulterated it in any manner, each specimen bottle used was sealed with a tamper-evident seal in my presence, and that the information and numbers provided on this form and on the label affixed to each specimen bottle is correct

X

Signature of Donor

(PRINT) Donor's Name (First, MI, Last)

Date (Mo./Day/Yr.)

Daytime Phone No. ( )

Evening Phone No. ( )

Date of Birth

Mo. Day Yr.

**STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIMEN**

In accordance with applicable requirements, my determination/verification is:

NEGATIVE  POSITIVE  TEST CANCELLED  
 DILUTE

REFUSAL TO TEST BECAUSE:

ADULTERATED  SUBSTITUTED

REMARKS \_\_\_\_\_

X

Signature of Medical Review Officer

(PRINT) Medical Review Officer's Name (First, MI, Last)

Date (Mo./Day/Yr.)

**STEP 7: COMPLETED BY MEDICAL REVIEW OFFICER - SECONDARY SPECIMEN**

In accordance with applicable requirements, my determination/verification for the split specimen (if tested) is:

RECONFIRMED  FAILED TO RECONFIRM - REASON \_\_\_\_\_

X

Signature of Medical Review Officer

(PRINT) Medical Review Officer's Name (First, MI, Last)

Date (Mo./Day/Yr.)

RANDOM DRUG TESTING UNIT  
ALTERNATE COLLECTION RECEIPT

On the 12 day of June 2012, I P.O. SAETZA # 19581 received a collected urine specimen from SGT Cochran # 894. The specimen was delivered in sealed condition and was received in packaging described as:

Select One  A clear and blue CPD evidence/property bag containing two tape-sealed vials (including one within a sealed Quest Diagnostics specimen bag)

or

The specimen vials were then placed in the Random Drug Testing Unit collection site refrigerator/freezer by P.O. SAETZA, as witnessed by SGT Cochran 894.

Specimen delivered by:

St. E. Lee # 894  
Signature

Received/stored by:

P. Saetza # 19581  
Signature



# NOTICE OF ALCOHOL AND DRUG TESTING FOLLOWING A FIREARMS DISCHARGE INCIDENT

CHICAGO POLICE DEPARTMENT

TO: Involved Member's Name EDMUND DALY Title Police Officer  
Star No. 7991 Employee No. ██████████ Unit 314

The applicable collective bargaining agreements and policy of the Chicago Police Department require those involved in a firearms discharge incident to undergo testing for the presence of alcohol and drugs. You are hereby ordered to submit to this testing and are required to take an alcohol breath test and provide a urine specimen.

Any refusal to take the required tests or refusal to fully comply with the testing procedures will be treated as a violation of Department Rules and will subject you to discipline up to and including separation.

I acknowledge and understand this notice of testing.

| Print Member's Name     |  | Involved Member's Signature               | Date and Time            |
|-------------------------|--|---|--------------------------|
| <u>Edmund Daly 7991</u> |  | <u>Edmund Daly 7991</u>                   | <u>12 Jun 12 0220hrs</u> |
| Type of Test: Alcohol   | Location: <u>3151 W. Harrison 01/TH Dist</u> | Date and Time: <u>12 JUN 2012 0211hrs</u> |                          |
| Type of Test: Drug      | Location: <u>3151 W. Harrison 01/TH Dist</u> | Date and Time: <u>12 JUN 2012 0135hrs</u> |                          |

I have provided notice to the involved member and conducted the alcohol and drug testing as indicated.

| B.I.A. Supervisor's Name  | B.I.A. Supervisor's Signature | Date and Time              |
|---------------------------|-------------------------------|----------------------------|
| <u>Sgt TERRANCE COHEN</u> | <u>AT 7/21 894</u>            | <u>12 JUN 2012 0220hrs</u> |

CPD-44.252 (REV. 11/11)

DISTRIBUTION: ORIGINAL - TO B.I.A. SUPERVISOR, COPY - TO INVOLVED MEMBER.

Log # 1054685  
WD # ██████████

< BAC - .000 >

START - 0140 HRS  
STOP - 0200 HRS



6/15/2012 6:29:08 AM

## Drug Detail Report

### PATIENT INFORMATION

Quest Diagnostics Employer Solutions  
Customer Care: 800-877-7484

**Primary ID:** [REDACTED]

### CLIENT INFORMATION

[REDACTED]  
CHICAGO POLICE DEPT  
3510 S MICHIGAN AVE  
CHICAGO, IL 60653

### SPECIMEN INFORMATION

REQUISITION: 1882487  
LAB REF NO: 793462Z  
COLLECTED: 6/12/2012 01:35  
RECEIVED 6/13/2012 08:24  
REPORTED: 6/13/2012 13:55  
DOCUMENT ID:

**Reason:** OTHER -- WEAPONS DISCHARGE

Tests Ordered: 35190N

#### Integrity Checks

#### Acceptable Range

|                       |             |              |
|-----------------------|-------------|--------------|
| CREATININE            | 189.3 mg/dL | >/= 20 mg/dL |
| pH                    | 5.1         | 4.5-8.9      |
| OXIDIZING ADULTERANTS | Negative    |              |

#### Substance Abuse Panel

|  | Initial<br>Test Level | GC/MS Confirm<br>Test Level |
|--|-----------------------|-----------------------------|
|--|-----------------------|-----------------------------|

|                       |          |            |            |
|-----------------------|----------|------------|------------|
| AMPHETAMINES          | Negative | 1000 ng/mL | 500 ng/mL  |
| BARBITURATES          | Negative | 300 ng/mL  | 200 ng/mL  |
| BENZODIAZEPINES       | Negative | 300 ng/mL  | 200 ng/mL  |
| COCAINE METABOLITES   | Negative | 300 ng/mL  | 150 ng/mL  |
| MARIJUANA METABOLITES | Negative | 50 ng/mL   | 15 ng/mL   |
| METHADONE             | Negative | 300 ng/mL  | 200 ng/mL  |
| METHAQUALONE          | Negative | 300 ng/mL  | 200 ng/mL  |
| OPIATES               | Negative | 2000 ng/mL | 2000 ng/mL |
| PHENCYCLIDINE         | Negative | 25 ng/mL   | 25 ng/mL   |
| PROPOXYPHENE          | Negative | 300 ng/mL  | 200 ng/mL  |

CERTIFYING SCIENTIST: KSSM04

SPECIMEN RECEIVED AND PROCESSED IN THE

LAB: Quest Diagnostics-Lenexa  
10101 Renner Blvd  
Lenexa KS 66219

#### ADDITIONAL COMMENTS:

Test Type: WEAPONS DISCHARGE mapped to OTHR

Last Name: McCray  
First Name: David  
Rank: POLICE OFFICER  
Star #: 1850B  
Unit: 314  
Home Zip Code: \_\_\_\_\_  
Date Hired: 31 MAY 1994  
Birthdate: \_\_\_\_\_

[REDACTED]  
[REDACTED]

# DRUG TEST SPECIMEN AFFIDAVIT

CHICAGO POLICE DEPARTMENT

**INSTRUCTIONS:** Prepare in duplicate. Original (White) to Collection Unit; copy (Yellow) to member.

Donor I.D. verified

Photo I. D. by

Employer Representative

*Sgt. Tammie Cochran*

Signature of Employer Representative

PART I - A. On the 12 day of JUN, 2012 at 0255, I, David McCRAY JR. (TIME) (PRINT NAME)

removed the foil-top seal from a cup, and then removed the contents from the cup. I urinated into this same cup, then I delivered this cup containing my urine specimen to Sgt. Tammie Cochran (PRINT RECEIVING STAFF MEMBER'S NAME)

- B. Break the Tamper Evident Plastic Filament Link between the cap and the base of the vial.
- C. Pour a portion of my urine specimen into a vial with the control number printed on its side.
- D. Close the vial cap.
- E. Seal the vial with a piece of evidence tape which was placed across the cap and down both sides of the vial. I then initialed the evidence tape with specimen ID number \_\_\_\_\_
- F. Place my specimen in a bag which was closed with self adhesive tape. Then I initialed the barcode label on bag with the number \_\_\_\_\_

A

B

MAIN TEST VIAL - NO.

ALTERNATE TEST VIAL - NO.

EXAMINEE'S SIGNATURE

*David McCray*

STAR/EMP NO.

*18508*

WITNESS'S SIGNATURE

*TH. Z. L.*

STAR/EMP NO.

*1894*

RECEIVING STAFF MEMBER'S SIGNATURE

*R. D. Lee*

STAR/EMP NO.

*1894*

SUPERVISOR'S SIGNATURE

*TH. Z. L.*

STAR/EMP NO.

PART II -

The urine specimen with the control number \_\_\_\_\_ was received and then secured in the appropriate Random Drug Testing Unit refrigerator/freezer compartment by:

*R. D. Lee*

(STAFF MEMBER'S SIGNATURE)

, on 12 Jun 12

(DATE)

at 0425

(TIME)

\_\_\_\_\_ (EXAMINEE'S INITIALS)

PART III -

I attest that the sealed urine specimen bag containing specimen ID number \_\_\_\_\_

was removed from the Random Drug Testing Unit refrigerator by \_\_\_\_\_

(RDTU MEMBER)

and then delivered to \_\_\_\_\_

(LAB MEMBER)

, on \_\_\_\_\_

(DATE)

, at \_\_\_\_\_ (TIME)

Specimen received by \_\_\_\_\_

(LAB MEMBER'S INITIALS)

(RDTU MEMBER'S SIGNATURE)

STAR/EMP NO.

Log # 1054685 WO#

40005057

1882486 SPECIMEN ID NO.

**STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE**

LAB ACCESSION NO.

A. Employer Name, Address, I.D. No.

MILWAUKEE POLICE DEPT  
HOMICIDE DRUG UNIT, #100250  
7116 S MICHIGAN AVE  
CHICAGO IL 60653  
PH. 773-745-5055 FAX: 773-745-4829

B. MRO Name, Address, Phone and Fax No. 40005057 1882486

C. Donor SSN or Employee I.D. No.

D. Donor Name: Last: [REDACTED] First: [REDACTED]

E. Donor ID Verified:  Photo ID  Emp. Rep. \_\_\_\_\_

F. Reason for Test:  Pre-employment (1)  Random (3)  Reasonable Suspicion/Cause (5)  Post-Accident (2)  Promotion (22)  
 Return to Duty (6)  Follow-up (23)  Other (specify) (99) *WONDER DISCHARGE*

G. Drug Tests to be Performed:

*X* J5190N SAF 10 50/7004 W/MTT

H. Collection Site Name:

Address: 31st W. MARSHALL  
City, State and Zip: CHICAGO, ILLINOIS

Collection Site Code: [REDACTED]

Collector Phone No.: \_\_\_\_\_

Collector Fax No.: \_\_\_\_\_

**STEP 2: COMPLETED BY COLLECTOR**

Read specimen temperature within 4 minutes. Is temperature between 90° and 100° F?  Yes  No, Enter Remark

Specimen Collection:

Split  Single  None Provided (Enter Remark)  Observed (Enter Remark)

REMARKS *WONDER DISCHARGE INCIDENT IN 011TH DISTRICT*

**STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s), Donor initials seal(s). Donor completes STEP 5.**

**STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY**

I certify that the specimen(s) given to me by the donor identified in the certification section on Copy 2 of this form was collected, labeled, sealed, and released to the Delivery Service noted in accordance with applicable requirements

*X* **02550**  
Signature of Collector  
*Sgt. TERRANCE COCHAM* Time of Collection  
(Print) Collector's Name (First, MI, Last) 06/12/2012 Date (Mo./Day/Yr.)

**SPECIMEN BOTTLE(S) RELEASED TO:**

Quest Diagnostics Courier  FedEx  
 Other

Name of Delivery Service Transferring Specimen to Lab

**RECEIVED AT LAB:**

Signature of Accessioner

(Print) Accessioner's Name (First, MI, Last)

Date (Mo./Day/Yr.)

**Primary Specimen Bottle Seal Intact**

Yes  
 No, Enter Remark \_\_\_\_\_

**SPECIMEN BOTTLE(S) RELEASED TO:**

**STEP 5: COMPLETED BY DONOR**

I certify that I provided my specimen to the collector, that I have not adulterated it in any manner; each specimen bottle used was sealed with a temper-evident seal in my presence, and that the information and numbers provided on this form and on the label affixed to each specimen bottle is correct.

*X*

Signature of Donor

(PRINT) Donor's Name (First, MI, Last)

Date (Mo./Day/Yr.)

Daytime Phone No. ( )

Evening Phone No. ( )

Date of Birth / /  
Mo. Day Yr.

**STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIMEN**

In accordance with applicable requirements, my determination/verification is:

NEGATIVE  POSITIVE  TEST CANCELLED

DILUTE

REFUSAL TO TEST BECAUSE:

ADULTERATED

SUBSTITUTED

REMARKS \_\_\_\_\_

*X*

Signature of Medical Review Officer

(PRINT) Medical Review Officer's Name (First, MI, Last)

Date (Mo./Day/Yr.)

**STEP 7: COMPLETED BY MEDICAL REVIEW OFFICER - SECONDARY SPECIMEN**

In accordance with applicable requirements, my determination/verification for the split specimen (if tested) is:

RECONFIRMED  FAILED TO RECONFIRM - REASON \_\_\_\_\_

*X*

Signature of Medical Review Officer

(PRINT) Medical Review Officer's Name (First, MI, Last)

Date (Mo./Day/Yr.)

RANDOM DRUG TESTING UNIT  
ALTERNATE COLLECTION RECEIPT

On the 12 day of June 2012, I P.O. SAETZA # 19581 received a collected urine specimen from SGT. Cochran # 894. The specimen was delivered in sealed/unsealed condition and was received in packaging described as:

Select One  A clear and blue CPD evidence/property bag containing two tape-sealed vials (including one within a sealed Quest Diagnostics specimen bag).

or

\_\_\_\_\_  
\_\_\_\_\_

The packaging was then opened by P.O. SAETZA in the presence of SGT. Cochran 894. The following items were removed from the container.

Select One  One tape-sealed vial labeled # WD within a sealed Quest Diagnostics specimen bag and one tape-sealed vial labeled # WD

or

\_\_\_\_\_  
\_\_\_\_\_

The specimen vials were then placed in the Random Drug Testing Unit collection site refrigerator/freezer by P.O. SAETZA, as witnessed by SGT. Cochran.

Specimen delivered by:

H. Edd # 894  
Signature

Received/stored by:

C. Sch # 19581  
Signature



# NOTICE OF ALCOHOL AND DRUG TESTING FOLLOWING A FIREARMS DISCHARGE INCIDENT

CHICAGO POLICE DEPARTMENT

TO: Involved Member's Name DAVID MCCRAY Title Police Officer  
Star No. 18508 Employee No. [REDACTED] Unit 314

The applicable collective bargaining agreements and policy of the Chicago Police Department require those involved in a firearms discharge incident to undergo testing for the presence of alcohol and drugs. You are hereby ordered to submit to this testing and are required to take an alcohol breath test and provide a urine specimen.

Any refusal to take the required tests or refusal to fully comply with the testing procedures will be treated as a violation of Department Rules and will subject you to discipline up to and including separation.

I acknowledge and understand this notice of testing.

| Print Member's Name   | Involved Member's Signature            | Date and Time                       |
|-----------------------|--|-------------------------------------|
| <u>David McCray</u>   | <u>David McCray #18508</u>             | 12 Jun 12 0305                      |
| Type of Test: Alcohol | Location: 3151 W. HARRISON 011th Discr | Date and Time: 12 Jun 2012 0246 hrs |
| Type of Test: Drug    | Location: 3151 W. HARRISON 011th Discr | Date and Time: 12 Jun 2012 0255 hrs |

I have provided notice to the involved member and conducted the alcohol and drug testing as indicated.

| B.I.A. Supervisor's Name     | B.I.A. Supervisor's Signature | Date and Time        |
|------------------------------|-------------------------------|----------------------|
| <u>Sgt. TERRANCE COCAKAD</u> | <u>He</u>                     | 12 Jun 2012 0305 hrs |

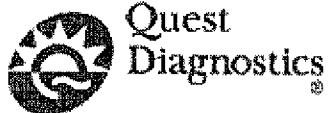
CRD 44.252 (REV. 11/11)

Log # 1054685 DISTRIBUTION: ORIGINAL - TO B.I.A. SUPERVISOR, COPY - TO INVOLVED MEMBER.

WDT# [REDACTED]

BAC - .000

START - 0221 hrs,  
STOP - 0241 hrs



6/15/2012 6:29 08 AM

## Drug Detail Report

### PATIENT INFORMATION

Quest Diagnostics Employer Solutions  
Customer Care: 800-877-7484

**Primary ID:** [REDACTED]

#### SPECIMEN INFORMATION

REQUISITION: 1882486  
LAB REF NO: 793217Z  
COLLECTED: 6/12/2012 02:55  
RECEIVED: 6/13/2012 08:18  
REPORTED: 6/13/2012 13:55  
DOCUMENT ID:

#### CLIENT INFORMATION

40005057  
CHICAGO POLICE DEPT  
3510 S MICHIGAN AVE  
CHICAGO, IL 60653

**Reason:** OTHER ~ WEAPONS DISCHARGE

Tests Ordered: 35190N

#### Integrity Checks

#### Acceptable Range

|                       |          |         |
|-----------------------|----------|---------|
| CREATININE            | >350     |         |
| pH                    | 5.3      | 4.5-8.9 |
| OXIDIZING ADULTERANTS | Negative |         |

#### Substance Abuse Panel

|  | Initial Test Level | GC/MS Confirm Test Level |
|--|--------------------|--------------------------|
|--|--------------------|--------------------------|

|                       |          |            |            |
|-----------------------|----------|------------|------------|
| AMPHETAMINES          | Negative | 1000 ng/mL | 500 ng/mL  |
| BARBITURATES          | Negative | 300 ng/mL  | 200 ng/mL  |
| BENZODIAZEPINES       | Negative | 300 ng/mL  | 200 ng/mL  |
| COCAINE METABOLITES   | Negative | 300 ng/mL  | 150 ng/mL  |
| MARIJUANA METABOLITES | Negative | 50 ng/mL   | 15 ng/mL   |
| METHADONE             | Negative | 300 ng/mL  | 200 ng/mL  |
| METHAQUALONE          | Negative | 300 ng/mL  | 200 ng/mL  |
| OPIATES               | Negative | 2000 ng/mL | 2000 ng/mL |
| PHENCYCLIDINE         | Negative | 25 ng/mL   | 25 ng/mL   |
| PROPOXYPHENE          | Negative | 300 ng/mL  | 200 ng/mL  |

CERTIFYING SCIENTIST: KSSM04

SPECIMEN RECEIVED AND PROCESSED IN THE

LAB: Quest Diagnostics-Lenexa  
10101 Renner Blvd  
Lenexa KS 66219

#### ADDITIONAL COMMENTS:

Test Type: WEAPONS DISCHARGE mapped to OTHR